


Please type a plus sign (+) inside this box → 

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

PC9047D

First Named Inventor or Application Identifier

David S. Roberts

Title

MULTICOMPONENT CLOSTRIDIAL VACCINES USING SAFONIN
ADJUVANTS

Express Mail Label No.

EL162814802US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:

Assistant Commissioner for Patent
Box Patent Application
Washington, DC 20231

1. ☒ *Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification [Total Pages 22]
(preferred arrangement set forth below)
- Descriptive title of the invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference in Microfiche Appendix
 - Background of the invention
 - Brief Summary of the invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. ☐ Drawing(s) (35 U.S.C. 11.3) [Total sheets]
4. ☒ Oath or Declaration [Total pages 12]
- a. ☐ Newly executed (original or copy)
 - b. ☒ Copy from a prior application (37 CFR § 1.63(d))
(for continuation/divisional with Box 17 completed)
[Note Box 5 below]
 - i. ☐ DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).
5. ☒ Incorporation By Reference (useable if Box 4b is checked)
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. ☐ Microfiche Computer Program (Appendix)
7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
- a. ☐ Computer Readable Copy
 - b. ☐ Paper Copy (identical to computer copy)
 - c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

8. ☐ Assignment Papers (cover sheet & document(s))
9. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☐
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. ☐ *Small Entity ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
15. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)
14. ☒ Other: Priority Claim to 09/413,524; 08/536,970; PCT/US94/03395; and 08/038,428

*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP)

of prior application No: 09/413,524

Prior application information:

Examiner V. Portner

Group/Art Unit: 1645

18. CORRESPONDENCE ADDRESS

☒ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

Address

Address

City

Country

23913

PATENT TRADEMARK OFFICE

NAME (Print/type)

Alan L. Koller

Registration No (Attorney/Agent)

37.371

Signature

Date

January 11, 2001

FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.
These are the fees effective October 1, 1997.

Small Entity payments **must** be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB-09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

Total Amount of Payment

(\$)

Patent if Known

Application Number

To be assigned

Filing Date

Concurrently herewith

First Named Inventor

David S. Roberts

Examiner Name

To be assigned

Group/Art Unit

To be assigned

Attorney Docket No.

PC9047D

METHOD OF PAYMENT (check one)

1. ☒ The commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number

16-1445

Deposit
Account
Name

Pfizer Inc

- ☒ Charge Any Additional Fee Required Under 37 C.F.R. §§ 1.16 and 1.17. ☐ Charge the Issue Fee Set in 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance

2. ☐ Payment Enclosed:

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	710
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$) 710

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
2	-20**= 0	X 18 =	0
Independent Claims	1	- 3**= 0	X 80 = 0
Multiple Dependent			

** or number previously paid, if greater. For Reissues, see below

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim, if not paid
109	80	209	40	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 0

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code	Large Entity Fee (\$)	Small Entity Fee Code	Small Entity Fee (\$)	Fee Description	Fee Paid
105	130	205	65	Surcharge - late fee or oath	
127	50	227	25	Surcharge-late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	390	216	195	Extension for reply within second month	
117	890	217	445	Extension for reply within third month	
118	1,390	218	695	Extension for reply within fourth month	
128	1,890	228	945	Extension for reply within fifth month	
119	310	219	155	Notice of Appeal	
120	310	220	155	Filing a brief in support of an appeal	
121	270	221	135	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,240	241	620	Petition to revive - unintentional	
142	1,240	242	620	Utility issue fee (or reissue)	
143	440	243	220	Design issue fee	
144	600	244	300	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	240	126	240	Submission of Information Disclosure Statement	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	710	246	355	Filing a submission after final rejection (37 CFR 1.129(a))	
149	710	249	355	For each additional invention to be examined (37 CFR 1.129(b))	
Other Fee (specify)					
Other Fee (specify)					

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 0

SUBMITTED BY

Type or Printed Name

Alan L. Koller

Signature

Alan L. Koller

Date

January 11, 2001

Complete (if Applicable)

Reg. Number

37,371

Deposit Account

16-1445

User ID

PATENT
PC9047C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: :
ROBERTS and DEARWESTER :
SERIAL NO.: 09/413,524 :
FILED: October 8, 1999 : Examiner: V. Portner
FOR: MULTICOMPONENT : Art Unit: 1645
CLOSTRIDIAL VACCINES
USING SAPONIN ADJUVANTS

1c972 U.S. PRO
09/758902
01/11/01

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136(a)

Assistant Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:


It is respectfully requested that the time for response to an Office Action, dated July 12, 2000, received in connection with the above-identified application, be extended for a period of three (3) months from October 12, 2000, up to and including January 12, 2001.

This Petition is being filed to ensure copendency of the above-captioned application with a continuation application being filed concurrently herewith.

Please charge the required fee, estimated to be \$890.00, to Pfizer Deposit Account No. 16-1445. A copy of this sheet is enclosed.

Respectfully submitted,

Date: January 11, 2001


Alan L. Koller
Reg. No. 37,371
Attorney for Applicants